

2710

This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
County of <u>Greenlee</u>		BUREAU OF VITAL STATISTICS. Ter. Index No. <u>123</u>	
District of _____		ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. <u>372</u>	
Town of <u>Duncan</u>		Local Registrar's No. <u>33</u>	
City of <u>Arizona</u>			
(No. _____ St; _____ Ward)			
FULL NAME OF CHILD _____		Born <input checked="" type="checkbox"/> YES Alive <input checked="" type="checkbox"/> NO	
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>Male</u>	Twin, Triplet or other <u>OK</u>	and { } Numbers in order of birth <u>1st</u>	Legitimate? <u>yes</u>
Date of Birth <u>Nov 17th</u>		19 <u>11</u>	
Full Name <u>Fran P. Goned</u>		Full Maiden Name <u>Mattie Daniels</u>	
Residence <u>Sheldon, Arizona</u>		Residence <u>Sheldon, Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>17</u> (Years)
Birthplace <u>Grant Co. N. Mex.</u>		Birthplace <u>New Mexico</u>	
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>	
Number of child of this mother. <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were Precautions taken against Ophthalmia neonatorum? <u>yes</u>	
<p align="center"><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b></p> <p>I hereby certify that I attended the birth of above child; and that it occurred on <u>November 17</u> 19<u>11</u>, at <u>3 P. M.</u></p> <p>{ *When there is no attending physician or midwife, then the householder should make this return. }</p> <p>(Signature) <u>Thomas A. Morse M.D.</u> (Attending physician, midwife, householder. *)</p> <p>Given or christian name added from a supplemental report _____ 191<u>1</u></p> <p>Address <u>Duncan, Ariz</u></p> <p>Filed <u>Dec 15</u> 191<u>1</u> <u>John Arizona Evans</u> LOCAL REGISTRAR.</p> <p>Filed <u>12/16</u> 191<u>1</u> <u>Laurie Smith</u> COUNTY REGISTRAR.</p> <p><u>474-1117-442</u> COUNTY REGISTRAR.</p>			